

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041834

FILED VS DEC 12 1960

149

Primary Registration District No. 1002 Registrar's No.

5837

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in lb 4 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 801 W. Bannister	
3. NAME OF DECEASED (Type or print) First Wayne Middle S Last Abernathy				4. DATE OF DEATH Month Nov. Day 19 Year 1960			
5. SEX Male		6. COLOR OR RACE Cauc.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 21, 1904	
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager				10b. KIND OF BUSINESS OR INDUSTRY Spring Equip. Co. Woodhall		11. BIRTHPLACE (City and state or country) Illinois U.S.A.	
12a. FATHER'S NAME Bennett Abernathy		12b. MOTHER'S MAIDEN NAME Della Sylvester		14. NAME OF HUSBAND OR WIFE Helene Abernathy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 478-05-1811		17. INFORMANT Helene Abernathy Address 801 W. Bannister Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Fibrinous Pericarditis INTERVAL BETWEEN ONSET AND DEATH 48 hrs DUE TO (b) Extension of Pulmonary Abscess 2 wks DUE TO (c) Branchogenic Carcinoma 8 mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1959 to Nov 1960 and last saw him alive on Nov-18, 1960 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank O'Connell MD				22b. ADDRESS 7951 State Line Kemo		22c. DATE SIGNED 11/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 22, 1960		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH		23d. LOCATION (City, town, or county) (State) Kansas City, MO.	
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 6800 TROOP ST		25. DATE RECD. BY LOCAL REG. 11-21-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF FRANK O'CONNELL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 49

P. O. Address H. C. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.